COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEYS DOCKET NUMBER CASTIGLIA - 1

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

	E LIGHTING S	YSTEM FOR CHRIST	IMAS TREES AND OTHER	DECORATIVE TREES AND				
BUSHES	A (1) (1)							
•	n of which (check only one item below):							
[X]	is attached hereto.							
()	was filed as United States application Serial No.							
	on, and was amended on (if applicable). was filed as PCT international application Number							
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	and was amended under PCT Article 19							
1	on (if applicable).							
I hereby state th	at I have reviewed	d and understand the con	tents of the above-identified sp					
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			ON FOR PATENT APPLIC	TTORNEY	ATTORNEYS DOCKET NUMBER CASTIGLIA - 1						
I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.											
(Application Number) (Filing Date) I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclose in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application: PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S.											
FOR BENEFIT UNDER 35 U.S.C. 120: U.S. APPLICATIONS						STATUS (Check One)					
U.S. APPLICATION NUMBER			U.S. FILIN		PATENTED		ENDING	ABANDONED			
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P	PCT APPLICATION NO.		PCT FILING DATE		L NUMBERS ED (if any)						
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POWER OF ATTORNEY: As a named inventor, 1 hereby appoint the following attornoy(a) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration numbers): KURT KELMAN, Registration No. 18,628 ALLISON C. COLLARD, Registration No. 22,532; FREDERICK J. DORCHAK, Registration No. 29,298 EDWARD R. FREEDMAN, Registration No. 26,048; WILLIAM C. COLLARD, Registration No. 38,411 ELIZABETH COLLARD RICHTER, Registration No. 35,103 ROBERT W. GRIFFITH, Registration No. 48,956 Send Correspondence to: COLLARD & ROE, P.C. Customer No. 25889 Direct Telephone Calls to: (name and telephone number) (516) 365-9802											
2 -	FULL NAME OF INVENTOR	1	LY NAME STIGLIA	FIRST GIVEN	NAME		second given name				
0	RESIDENCE & CITIZENSHIP	CITY SHI	RLEY	STATE OR FOR NEW YOR	eign country K	COUNTRY OF CITIZENSHIP UNITED STATES					
l	POST OFFICE ADDRESS		OFFICE ADDRESS NDEN LANE	CITY SHIRLEY			STATE & 2IP CODE/COUNTRY NEW YORK 11967				
2	full name of inventor	Pami	LY NAME	ETRST GIVEN NAME			SECOND GIVEN NAME				
0	residence & Citizenship	CITY		STATE OR FOR	EIGN COUNTRY		COUNTRY OF CITIZENSHIP				
2	POST OFFICE ADDRESS	POST	OFFICE ADDRESS	СІТУ			STATE & ZIP CODE/COUNTRY				
like such	I heroby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.										
SIGN/TYPROF INVENTOR 2017					SIGNATURE OF INVENTOR 202						
DATE	_//2/	<u>Io</u>	<u>3</u> 8		DATE			-			
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